



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

INFORMATIONAL LETTER NO. 1032

DATE: July 29, 2011

TO: Iowa Medicaid Hospital, Physicians, Dentists, Podiatrists, Optometrists, Opticians, Pharmacy, Home Health Agency, Independent Lab, Ambulance, Medical Supply Dealers, Clinics, Rural Health Clinics, Chiropractors, Audiologists, Skilled Nursing Facilities, Rehab Agency, Intermediate Care Facilities, Community Mental Health Center, Mental Hospitals, Community Based ICF/MR, Psychologists, Hearing Aid Dealers, Orthopedic Shoe Dealers, Ambulatory Surgical Center, Certified Registered Nurse Anesthetists, Hospice, Clinical Social Workers, Federal Qualified Health Centers, Nursing Facility-Mental ILL and Advance Registered Nurse Practitioner Providers

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: Medicare Crossover Form Requirement

EFFECTIVE: September 1, 2011

Effective September 1, 2011, all providers enrolled with Iowa Medicaid Enterprise (IME) will be **required** to use the IME's Medicare Crossover Claim Forms and attach a copy of the Medicare Explanation of Benefits (EOMB) when it is necessary to send a paper crossover to the IME. The Medicare Crossover Forms were introduced in August, 2009 to provide a standard format for submitting Medicare crossover claims that did not crossover directly from Medicare through the Coordination of Benefits (COB) process.

The forms are to be used only after Medicare has paid and established a coinsurance and/or deductible. These forms are not for submission of a claim where Medicare has denied the charge(s). Continue to attach the denied EOMB from Medicare to the CMS-1500 and UB04 claim forms when submitting for denied/non-covered charges.

There are two different forms that are available at:

<http://www.ime.state.ia.us/Providers/claims.html> in the box labeled "Crossover Claims." The claim form used to submit services to Medicare will determine which Medicare crossover form to use.

1. The Professional Medicare Crossover Invoice (470-4708 Rev.0609) should be submitted along with the EOMB for services that were originally billed to Medicare on a CMS1500 claim form that did not electronically crossover from Medicare. Up to 50 detail lines are now available to allow the submission of continued claims.

2. The Institutional Medicare Crossover Invoice (470-4707 Rev.0609) should be submitted along with the EOMB for services that were originally billed to Medicare on a UB04 claim form that did not electronically crossover from Medicare.

Following the step-by-step instructions carefully is crucial for the claims to process correctly. Submitting the Professional Medicare Crossover Invoice and the Institutional Crossover Invoice along with the EOMB will allow for more accurate and efficient processing of claims. Please allow four weeks from the date Medicare issues payment before submitting a crossover claim on paper to the IME to ensure the claim was not already processed via the COB.

For ease of use, the templates can be saved to a provider's own computer system. The form must be filled out using the PDF template, printed on white paper with black ink and mailed to the IME for processing. Any forms that are not completed correctly will be returned unprocessed to the provider.

Any Medicare crossover claim sent to the IME on paper after August 31, 2011 will not be processed if the appropriate crossover invoice form is not used or the EOMB is not attached.

The mailing address for all claims submitted to the IME:

Medicaid Claims
P.O. Box 150001
Des Moines, Iowa 50315

The IME appreciates your continued partnership as we work to improve the claim processing service quality and accuracy. If you have any questions please contact the IME Provider Services Unit at 1-800-338-7909, locally in Des Moines at 515-256-4609 or email at imeproviderservices@dhs.state.ia.us.